

Precision Spine Care: A New Era of Discovery, Innovation, and Global Impact

Global Spine Journal
2018, Vol. 8(4) 321-322
© The Author(s) 2018
Reprints and permission:
sagepub.com/journalsPermissions.nav
DOI: 10.1177/2192568218774044
journals.sagepub.com/home/gsj



Currently, government resources and initiatives, such as the White House Precision/Personalized Medicine platform and large-scale biobank cohorts located in Asia, Europe, and the United States focusing on big data biometrics (eg, genetics, blood biomarkers, imaging, tissue, and clinical profiles) have declared the urgent need for more precise medical care on an unprecedented level to improve health care utilization and patient outcomes. As such, we have now entered an era of “precision” medical care. However, such a platform has largely focused on cardiovascular disease, diabetes or cancer whereby targeted therapeutic drugs based on patient profiling and genetic variation have dramatically improved patient outcomes and led to more cost-effectiveness.¹ Although such platforms have seen substantial success, the health care community has to date overlooked the more debilitating disorders of the musculoskeletal system, in particular as they relate to the spine.

According to the recent Global Burden of Disease Study, low back pain (LBP) is the world’s most disabling condition, affecting every population worldwide.² Individuals with LBP have noted decreased daily function, diminished quality of life, work disability, and psychological distress.³ Studies have even noted that individuals with chronic LBP have significant loss of brain tissue that can affect cognitive function.⁴ Such pain is associated with tremendous socioeconomic and health-care consequences. Indirect and direct costs related to the treatment of LBP are estimated to be approximately US\$90 billion per year in the United States with similar adjusted rates in other countries worldwide.⁵ Nonetheless, proper diagnosis of LBP and identification of pain mechanisms are questionable, outcomes of LBP treatments are often tenuous and have been criticized, and prognostication potential of various pain and disability dimensions as well as management options have limitations. As a result, such limitations have led to increased health care costs to the patient and medical provider with often unsatisfactory patient outcomes. In fact, spine specialists have been often challenged by the popular press, patients, and insurance providers globally because of their frequently poor outcomes in treating patients with LBP. Importantly, although numerous generalized protocols/algorithms and guidelines for the treatment of LBP have been proposed, these often fail to account for more “personalized” or “precise” patient variation with regards to lifestyle, occupation, underlining systemic conditions (eg, patient psychological profile, blood chemistry/inflammatory biomarkers, genetics, etc),

patterns of imaging findings and other biometrics that have tremendous potential in the management of LBP.^{6,7} For example, we now know that specific pain genes may predict outcomes following treatments for various spine disorders, and that such genetic make-up provides further insight into pain intensity and disability.⁸ Such systemic conditions and others have been found to assist in identifying subtypes of pain that may be more amenable to various treatments, understanding patients’ pain thresholds and perceptions, predicting outcomes, and further identifying specific pain generators to assist in more tailor-made or “precise” treatments.⁹ In fact, the same applies for other spine conditions, whose occurrence, diagnosis, treatments, and outcomes remain uncertain. For example, disc degeneration is a common condition that affects individuals in every population.¹⁰ It still remains speculative why an individual develops disc degeneration and overall different patterns of spinal changes. Nonetheless, it has been a long-held belief that severe disc changes may lead to pain in the low back or in the neck.¹¹ However, not everyone who has disc degeneration is painful and not every individual who has neck pain or LBP has severe disc changes.¹² Moreover, it remains a mystery as to who may progress to more severe forms of disc degeneration or who may develop disc herniations and resolution of such conditions. Regenerative therapies to treat disc degeneration have taken center stage in the past decade. However, outcomes in human subjects have remained short from stellar with often unsatisfactory results. It remains unknown as to which patients may benefit from such therapy and/or predict their outcomes with some certainty.¹³ In fact, regenerative biologics have yet to account for the overall personalized profile of an individual to fine-tune therapeutic dose, approach, and effectiveness to not only regenerate the disc but also to delay progression or protect its integrity. The above not only applies to “de novo” degeneration, but it is also relevant to degeneration/disease that may develop adjacent to an operated disc. Such a condition may also necessitate future conservative treatment (eg, physical therapy, medication, injections, etc) or surgery. However, who may be more prone to develop such conditions, how to prevent and manage them, and predict their outcomes is poorly understood. Furthermore, spinal deformities, such as adolescent idiopathic scoliosis, can be life-altering conditions. Who may progress to more severe deformity and additional comorbidities, respond to conservative treatment (eg, bracing) or obtain optimal surgical outcomes continues to



Creative Commons Non Commercial No Derivs CC BY-NC-ND: This article is distributed under the terms of the Creative Commons Attribution-Non Commercial-NoDerivs 4.0 License (<http://www.creativecommons.org/licenses/by-nc-nd/4.0/>) which permits non-commercial use, reproduction and distribution of the work as published without adaptation or alteration, without further permission provided the original work is attributed as specified on the SAGE and Open Access pages (<https://us.sagepub.com/en-us/nam/open-access-at-sage>).

perplex the spine specialist. Preventative measures for such patients continue to remain speculative. Moreover, in general, not all individuals who undergo conservative management for various spine conditions have favorable outcomes. In other words, the “one-size-fits-all” guideline- and protocol-based approach to treating patients with spine-related conditions, is no longer adequate. More precise approaches to identifying the “right” patient for the “right” treatment as well discovering/developing targeted therapies based on more detailed or personalized patient profiling is needed. Understanding with certainty in advance as to who may have a good or bad response to a treatment would be invaluable to all stakeholders.

To combat the massive global burden of LBP and other spine-related conditions, health care systems must develop coherent policies with more “precision-based” management algorithms to maximize proper diagnosis, preventative measures, tailor novel therapeutics, predict outcomes with more certainty (eg, risk assessment, predictive modeling), and overall improve patient outcomes and function. Precision medicine strategies aim to have treatments tailored specifically to the patients’ individual needs based on their genetic, immune system status, and overall systemic biomarker omics profile as well as additional phenotype information (eg, imaging, lifestyle) with the goal of improving outcomes and reducing adverse reactions via a wholistic fingerprint and oftentimes big data approach. This may lead to improved quality of life for patients, reduction in noneffective treatments and more cost-effective outcomes, translating into more productive societies.

Prioritization of research and clinical applications in precision spine care can only be achieved via a more precision-based approach fueled by an interdisciplinary platform of clinicians and scientists symbiotically working together to facilitate unprecedented discovery and innovation that can ultimately develop tools to identify the right patients for the most appropriate intervention to obtain the best outcomes while simultaneously decreasing health care costs to all stakeholders for global impact. A precision spine care approach reliant on big data interconnecting numerous platforms of biometrics will be key to realize such aspirations. As such, the onus to move the spine field forward rests on the shoulders of all spine specialists, clinicians, and scientists alike. As a spine community, we need to come together on a large-scale basis to address the platform of precision spine care and its massive potential. It is via collaboration and team work that we can elevate the status quo of the spine discipline to new heights and make an impact that will resonate for generations to come.

Dino Samartzis, DSc

Rush University Medical Center, Chicago, IL, USA

Mauro Alini, PhD

AO Research Institute, Davos, Switzerland

Howard S. An, MD

Rush University Medical Center, Chicago, IL, USA

Jaro Karppinen, MD, PhD

*Oulu University Hospital and University of Oulu, Oulu, Finland;
Finnish Institute of Occupational Health, Oulu, Finland*

S. Rajasekaran, MS, FRCS, MCh, PhD

Ganga Hospital, Coimbatore, Tamil Nadu, India

Luiz Vialle, MD, PhD

Pontificia Universidade Catolica do Paraná, Curitiba, Brazil

Jeffrey C. Wang, MD

University of Southern California, Los Angeles, CA, USA

Marinus de Kleuver, MD, PhD

Radboud University Medical Centre, Nijmegen, Netherlands

References

1. Feero WG, Wicklund CA, Veenstra D. Precision medicine, genome sequencing, and improved population health [published online March 16, 2018]. *JAMA*. doi:10.1001/jama.2018.2925.
2. GBD 2016 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet*. 2017;390:1211-1259.
3. Wong AY, Karppinen J, Samartzis D. Low back pain in older adults: risk factors, management options and future directions. *Scoliosis Spinal Disord*. 2017;12:14.
4. Fritz HC, McAuley JH, Wittfeld K, et al. Chronic back pain is associated with decreased prefrontal and anterior insular gray matter: results from a population-based cohort study. *J Pain*. 2016;17:111-118.
5. Dagenais S, Caro J, Haldeman S. A systematic review of low back pain cost of illness studies in the United States and internationally. *Spine J*. 2008;8:8-20.
6. Grad S, Bow C, Karppinen J, et al. Systemic blood plasma CCL5 and CXCL6: potential biomarkers for human lumbar disc degeneration. *Eur Cell Mater*. 2016;31:1-10.
7. Sowa GA, Perera S, Bechara B, et al. Associations between serum biomarkers and pain and pain-related function in older adults with low back pain: a pilot study. *J Am Geriatr Soc*. 2014;62:2047-2055.
8. Samartzis D, Borthakur A, Belfer I, et al. Novel diagnostic and prognostic methods for disc degeneration and low back pain. *Spine J*. 2015;15:1919-1932.
9. Maatta JH, Karppinen J, Paananen M, et al. Refined phenotyping of Modic changes: imaging biomarkers of prolonged severe low back pain and disability. *Medicine (Baltimore)*. 2016;95:e3495.
10. Buser Z, Ortega B, D'Oro A, et al. Spine degenerative conditions and their treatments: national trends in the United States of America. *Global Spine J*. 2018;8:57-67.
11. Takatalo J, Karppinen J, Niinimäki J, et al. Does lumbar disc degeneration on magnetic resonance imaging associate with low back symptom severity in young Finnish adults? *Spine (Phila Pa 1976)*. 2011;36:2180-2189.
12. Brinjikji W, Luetmer PH, Comstock B, et al. Systematic literature review of imaging features of spinal degeneration in asymptomatic populations. *AJNR Am J Neuroradiol*. 2015;36:811-816.
13. Erwin WM. Biologically based therapy for the intervertebral disk: who is the patient? *Global Spine J*. 2013;3:193-200.